Rural Michigan Physician Retention Study and Retention Manual

The Guide to Successful Rural Physician Retention



The Michigan Center for Rural Health Physician Retention Study Report

Guide to Successful Rural Physician Retention

Funded by
Blue Cross Blue Shield Of Michigan
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MI-SORHI

Michigan Strategic Opportunities for Rural Health Improvement

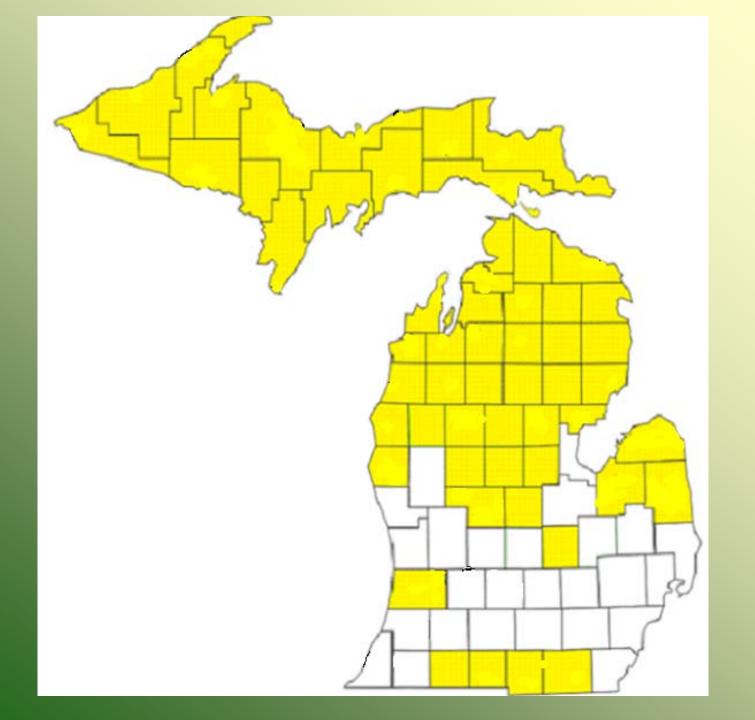
A State Rural Health Plan 2008-2012

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- Availability and Accessibility to Health Care Services, with a focus on:
- Primary and Specialty Care, Oral Health,
 Mental Health
- Recruitment and Retention of Health Care Providers (Nurses, Physician Assistants, Dentists, Physicians, and Allied Health)
- Healthy Lifestyles

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 Objective A-5: By 2012, develop a retention model to assist rural hospitals, certified rural health clinics and federally qualified health centers in their retention planning efforts.



Rural County Demographics

- 83 Total Counties in Michigan
- Fifty-Seven are Rural
- 70% of overall land mass is rural
- 18% of population is rural
- 10% of physician population is licensed in Rural Counties

Characteristics vary between rural counties

- Average population per square mile range from 4.3 to 159.1
- Population range is from 2,202 to 112,975.
- Healthcare facilities range from 0-14.

- It has been said, "If you have seen one rural community, you have seen <u>one</u> rural community." Rural communities have common issues regarding access to healthcare.
- However each rural community is unique and must examine their own problems and their own solutions when it comes to recruiting and retaining providers.

Retention Study

<u>Methodology</u>

- Phase One: Literature review
- Phase Two: Regional focus groups
- Phase Three: Survey of rural physicians
 Survey of 60 "ARPMs"
- Phase Four: Published Study and Tool

KEY FINDINGS

MCRH PHYSICIAN RETENTION STUDY Physician Survey 2009

Professional Retention Factors

- Almost 100% of the physician respondents to the survey rated "Professional Satisfaction with Practice" as Somewhat Important or Very Important, making this the number one ranked retention factor.
- 98% of the physician respondents rated "Competent Medical Support Staff" as Somewhat Important or Very Important, making this the second highest ranked retention factor.
- "Open Communication and Support of Hospital Administration" was rated as Somewhat Important or Very Important, making this the third highest ranked retention factor

Family/Personal Retention Factors

- 95% of the physician respondents rated "Safety of the Community" as Somewhat Important or Very Important, making this the number one ranked retention factor regarding family and personal issues.
- "A Comfortable Lifestyle" for the physician and his or her family was the second highest ranked personal/family retention factor.
- Closely tied to this was "Adequate Leisure/Personal Time," which was the third highest ranked personal/family retention factor.

Other Notable Findings

- Contrary to popular belief, "Compensation" was not the number one retention factor according to the physician respondents, although is was in the top 5.
- Almost 50% of the physician respondents stated that they would NOT leave their current practice for a more lucrative offer.
- Again, a commonly held belief is that being raised in a rural environment is an important factor. However, 51% of the physicians rated this factor as Not Important at All or Somewhat Not Important.
- When asked if they would leave their current practice within 3 years, almost 67% of the physician respondents replied "No."

Physician Ranked Professional Retention Factors

					Number (Percent*)			
Professional Retention Factors	Factor Category	Responses (N)		Average Rank	Not at all	•	Somewhat	
Professional satisfaction with practice		421	1	3.73	2 (1%)	2 (1%)	103 (25%)	314 (75%)
Competent Medical Staff Support (Nurses, Technicians, etc)		424	2	3.70	2 (1%)	4 (1%)	112 (26%)	306 (72%)
Call Coverage and Collegial Support		423	3	3.66	9 (2%)	13 (3%)		310 (73%)
Open Communication and Support of Hospital Administration		417	4	3.47	15 (4%)	12 (3%)	152 (37%)	238 (57%)
Compensation and Benefits		425	4	3.47	3 (1%)	19 (5%)	178 (42%)	225 (53%)
Relationships with Medical Colleagues		424	5	3.45	4 (1%)	28 (7%)	166 (39%)	226 (53%)
Up-to-date and Quality Equipment/Facilities		424	6	3.36	3 (1%)	19 (5%)	226 (53%)	176 (42%)
Good Practice Management		422	7	3.33	16 (4%)	26 (6%)	181 (43%)	:
Long-term Patient Relationships		421	8	3.32	15 (4%)		159 (38%)	
Access to local specialists for consultation and/or referral		425	9	3.30	12 (3%)	38 (9%)	187 (44%)	188 (44%)

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	Factor	Response		:	Not at all	Somewhat not	Somewhat	Very
	Categor		Rank	Average		•	important	important
Professional Retention Factors	у	(N)	Order	Rank	1	2	3	4
Recruitment Promises Being Kept	: : :	416	9	3.30	38 (9%)	26 (6%)	127 (31%)	225 (54%)
Patient Workload	:	420	10	3.23	11 (3%)	49 (12%)	191 (46%)	169 (40%)
Flexible Practice Schedule		420	11	3.13	13 (3%)	56 (13%)	215 (51%)	136 (32%)
Challenging and Rewarding Aspects of Rural Medicine		422	12	2.97	20 (5%)	83 (20%)	207 (49%)	112 (27%)
The Economy in	:	420	13	2.90			147 (35%)	
Presence of a network, plan, or referral agreement with a tertiary hospital and/or non-local specialist for consult and/or referral		421	14	2.85	48 (11%)	77 (18%)	187 (44%)	109 (26%)
Shortage of Local Primary Care Physicians		419	15	2.74			154 (37%)	105 (25%)
Ownership in your Practice		420	16	2.68	74 (18%)	98 (23%)	135 (32%)	113 (27%)
Access to Higher Education		420	17	2.57	63 (15%)	127 (30%)	157 (37%)	73 (17%)
Availability of Continuing Medical Education		422	18	2.55	72 (17%)	119 (28%)	158 (37%)	73 (17%)
Hospitalist Program in		417	19	2.49	93 (22%)	108 (26%)	134 (32%)	82 (20%)
Employed Practice		416	20	2.34	111 (27%)	112 (27%)	134 (32%)	59 (14%)
Professional		416	21	2.32			164 (39%)	31 (8%)
Electronic Medical Records		423	22	2.25	104 (25%)	140 (33%)	147 (35%)	32 (8%)

Administrator, Recruiter, Practice Manager (ARPM) Survey

- 17% of the ARPM respondents stated that they spent 100% of their workweek on physician recruitment and retention. The average for all respondents was 38% of their workweek.
- However, when asked how much of their workweek was devoted to physician retention only, the average for all respondents was 12% of their workweek.

Written Formalized Retention Plan and Use

 When asked if his or her hospital/clinic had a written and formalized physician retention plan, and if so, was it implemented. Twenty (20) percent (8 respondents) stated, "Yes," while 80 percent (32 respondents) answered, "No." Of the eight respondents who said they had a retention plan, all responded that they did implement it.

Successful Retention in Terms of Years

 When asked to define "successful" retention in terms of the number of years a physician remained in their community. The range was from three to 25 years. The mean was about 7.7 years and the median was 5 years.

Retention Tool

- Table of Contents
- Physician Retention Plan Introduction
- New Physician Orientation Step One
- New Physician Orientation Step Two
- New Physician Orientation Step Three

Retention Tool

- Provider needs assessment
- Physician to Population Ratios
- Opportunity Profile
- Practice Opportunity Questionnaire
- Signing Bonus/Promissory Note
- Physician Satisfaction Survey
- Physician Exit Interview.
- Developing a Mentor Program

Step One begins with the signed employment agreement

- Keep in contact after contract is signed; communicate often.
- Ensure licensure and credentialing process are progressing.
- Communicate with realtor on relocation.
- Plan orientation sessions: Community, practice site, hospital. Send to physician.
- Maintain routine communication.
- Ensure the physician's office and exam rooms are ready.
- Obtain office space and complete necessary renovations.
- Plan social events that help ease family members into the community.

Step Two begins the first day in the community.

- Provide a detailed orientation schedule for first two weeks prior to relocation.
- Welcome the physician and their family within the first week of relocation.
- "Welcome" basket sent to the home on the new physician's first day of work.
- Include meeting with hospital administration (if applicable).
- Hospital tour (include relevant department directors).
- Clinic tour (lunch with staff).
- Clinic orientation involves the new physician with issues regarding equipment, office space scheduling, support staff, business cards, etc.
- Physician mentor introduced (if applicable).
- Contact the spouse and family to see how they are adjusting to the community and to integrate the social mentor (if applicable).
- Marketing sends announcement introducing the new physician to the clinic and system.

Step Three involves the first six months, first year, second year, and third year

- Monthly meetings with identified Hospital Administrators, practice managers, and mentor as identified in plan. Develop and offer feedback on practice development and discuss problems or any other topics relevant to the situation.
- Monthly meetings with identified VPs, practice manager and mentor as identified in plan. Develop and offer feedback on practice development and discuss problems or any other topics relevant to their situation.
- Marketing of practice or outreach needs to be incorporated into the process.
- As information becomes available, track patient volume, and revenue and expenses. After three months schedule quarterly meetings for the remainder of the first year (15-minute meetings).
- Recruiter meets with physician after two months to see if expectations have met reality.

NEW PROVIDER PRE-ORIENTATION CHECKLIST STEP ONE

PF	MD DO PA 1				
	(First Middle	Last)			
PROVIDER SPE	CIALTY:				
ANTICIPATED S	_ PATIENTS:				
CLINIC LOCATIO (Check Primary I	DNS:AB C [Location))F			
Task Description PHYSICIAN SERVICES	Party Responsible	Date Completed	Notes/comments		
Return employment agreement to physician					
Process signing bonus/ promissory note					
Send welcome letter to physician					
Initiate internal announcements providing notification of new provider					
Notify department chair (Hospital)					
Notify credentialing					
Notify credentialing coordinator (Hospital)					
Initiate relocation assistance to provider (if needed)					

Retention is a process

The retention process does not end after three years. It is a continuous activity where the facility "Checks in" and asks the question, "How are we doing?"

Questions?

